

**MULTIPLE DEPENDENT CLAIM
 FEE CALCULATION SHEET**
 (FOR USE WITH FORM PTO-875)

SERIAL NO.

097554885

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3		2		1		
4	1		1			
5		1		1		
6		1		1		
7		1		1		
8		1		1		
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TOTAL IND.	4		4			
TOTAL DEP.		4		4		
TOTAL CLAIMS	4	4	4	4		

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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